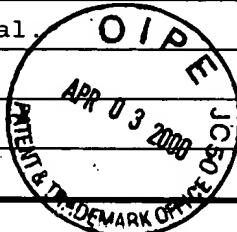


TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/476309
Filing Date	12/30/1999
First Named Inventor	Angela L Chiu et al.
Group Art Unit	2739
Examiner Name	
Total Number of Pages in this Submission	1
Attorney Docket Number	1999-0148

**Enclosures (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) & Letter to Official Draftsman	<input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Petition for Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Declaration & Power of Attorney Form PTO 1533
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application		

CORRESPONDENCE ADDRESS Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or Correspondence address below

NAME	Samuel H. Dworetzky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110
COUNTRY	United States of America				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Robert B. Levy	Reg. #	28234
TELEPHONE	908-221-5714		
SIGNATURE		DATE	3/28/00

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 03/28/2000

Type or Printed Name	Arlene Jende		
Signature		Date	03/28/2000

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

FEE TRANSMITTAL

Patent Fees are subject to annual revision.

TOTAL AMOUNT
OF PAYMENT

\$130

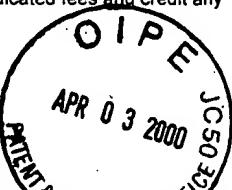
<i>Complete Known</i>	
Application Number	09/476309
Filing Date	12/30/1999
First Named Inventor	Angela L Chiu et al.
Examiner Name	
Group/Art Unit	2739
Attorney Docket No.	1999-0148

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745
Deposit Account Name AT&T CORP.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 after the Mailing Date of the Notice of Allowance

**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	690	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
106	310	Design Filing Fee	
108	690	Reissue Filing Fee	
114	150	Provisional Filing Fee	

SUBTOTAL (1) 0

2. CLAIMS

Filing Under 37CFR 1.53 (b)
 CPA Under 37CFR 1.53 (d)
 Amendment

Total	- 20 =	Extra Claims	Fee from below	Fee Paid
Ind.	- 3 =	0	x 18	= 0
		0	x 78	= 0

Multiple Dependent Claims

Large Fee Code	Entity Fee(\$)	Fee Description
103	18	Claims in excess of 20
102	78	Independent Claims in excess of 3
104	260	Multiple Dependent Claims
109	78	Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) 0

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	130
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112*	920	Requesting publication of SIR prior to Examiner action	
113*	1840	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	380	Extension for reply within second month	
117	870	Extension for reply within third month	
118	1360	Extension for reply within fourth month	
128	1850	Extension for reply within fifth month	
119	300	Notice of Appeal	
120	300	Filing a brief in support of an appeal	
121	260	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive – unavoidable	
141	1210	Petition to revive – unintentional	
142	1210	Utility issue fee (or reissue)	
143	430	Design issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property (times number of properties)	
146	690	Filing a submission after final rejection(37 CFR 1.129(a))	
149	690	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) 130

SUBMITTED BY

Typed or Printed Name

Robert B. Levy

Complete (if applicable)

Reg. Number

28234

Signature

Date

3/28/00

Deposit Account User ID

